

STUDY OF PATTERN OF HEALTH PROBLEMS IN PADYATRIS OF AMBAJI PILGRIMAGE OF NORTH GUJARAT, INDIA

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ABSTRACT

Background: We aimed to study the pattern of Health problems in Pilgrims on their journey to the holy temple of ShriArasuri Ambaji Mata Mandir, North Gujarat, India. **Material and Methods:** Nootan Medical College and Research Center, Visnagar had organised camp for padyatris. We have done secondary data analysis of record available of camps and categorized the health problems of padyatris. **Results:** most common health problem in Pilgrim is Bodyache followed by Boils on foot, abdominal pain, weakness, Diarrhoea etc. These yatris were given symptomatic treatment in form pain killers, antibiotics, analgesic sprays etc. **Conclusion:** This study was of short duration and limited to patients availed service from camp, it gives a good reflection of pattern of illnesses during Ambajiyatra.

Keywords: Health Problems, Pilgrims, Ambaji Pilgrimage

INTRODUCTION

In a country like India, religiously and culturally diverse, visits to holy shrines are very common. “Shri Arasuri Ambaji Mata Mandir” is famous as a pilgrimage across India in the Danta Taluka of Banaskantha district in the state of Gujarat, which is known as a mythical Shakti Peeth- The Centre of Cosmic Power. Ambaji is one of the Fifty-One (51) famous Ancient Pauranik shakti Peeths in India.(1) The Ambaji pilgrimage observes lakhs of devout devotees who visit to the temple every year by walking itself in the month of Bhadarva, according to the Hindu Calendar (month of September).

Religious tourism or faith tourism is a type of tourism, where people travel individually or in groups for leisure purpose, pilgrimage, missionary (2). Though religious tourism has been existing since ages, there has been a paripassu surge in this type of tourism as well. Modern religious tourists are more

able to visit holy cities and holy sites around the world. The world's largest form of mass religious tourism takes place at the annual Hajj pilgrimage in Makkah, Saudi Arabia. The annual Hajj is one of the greatest assemblies of human-kind on earth. (3) Each year, three million Muslims attend the Hajj in Makkah. Apart from Kabba in Makkah, the other most famous holy sites for religious tourism are Kumbh Mela at Varanasi, Bramha temple at Pushkar in Rajasthan, Church of the Nativity in Bethlehem, and the Western all in the old city of Jerusalem. Similarly, in Gujarat millions of people do Ambaji Padyatra (areligious pilgrimage on foot).

As humans, we lead a life full of struggle and strife. During trying moments, we might knowingly or unknowingly indulge in actions that may be sinful. After some time, the wrong actions start weighing us down, and our conscience prods us to atone for our

sins. That is why we consider visiting a teertha (shrine places in Hinduism), where we can do pilgrimage and ask for forgiveness. Such a spiritual journey is termed as a pilgrimage or teerthyatra (journey to holy places), which is one of the distinguished facets of Hinduism.

Ambaji is a town within taluka district of Banaskantha, North Gujarat, India. It is located at 24.33°N 72.85°E and at an altitude of 480 metres (1,570 ft). It is surrounded by the Araveli Hill range. It is known for its historical and mythological connections with sites of cultural heritage. (4) Ambaji is one of the 51 ancient Shakti Peetha Tirth in India. The shrine of Shri Amba is regarded as a revered shrine by the Shakta Shaktism sect of Hinduism. In the temple of "Arasuri Ambaji", there is no image or statue of goddess but a simple cave in which a Gold plated the holy "Shree Visa Yantra" is worshiped as the main deity. The Yantra has a kurma back convex shape and 51 Bijpatra (letters) therein, like that of the original Yantras of Nepal and Ujjain Shakti Piths.(4) It is also ritually installed in such a way it can be visible for devotion, but never photographed in past nor can be so done in future. The original seat of Ambaji Mata is on Gabbar hilltop in the town.(4)

Ambaji celebrates a spontaneous Religious Fair and Festival with "Lok Mela" and a large number of devotees come here to worship MAA AMBE on Bhadarvi poornima (full moon day). The people and devotees enjoy festival of purnimas with Darshan, Ohm Havan and Traditional Garba Dances. Moreover, the cultural shows of Gujarati Bhawai, a purely ancient folk dance and "Play of Gujarat" is also the prime attractions of this festival. Every year nearly 20 lakhs of people from all over the country congregate in the temple of Ambaji, of these approximately 5 lakhs devotees walk all over from their native place just to worship MAA AMBE in month of Bhadarva according to Hindu Calendar which corresponds to August/September month.(6)

With the objective to explore the pattern of health problems in Ambaji Pilgrims, we had conducted the study on padyatris (pilgrims on foot) taking services from camp organised by Nootan Medical College and Research Centre, Visnagar, Gujarat.

MATERIAL AND METHODS

Nootan Medical College and Research Center, Visnagar had organised camp for padyatris. We have done secondary data analysis of record available of camps and categorized the health problems of padyatris.

RESULTS

Table 1: Health Problems in Pilgrims

Sr. No.	Health problems	NO.*(n=5138)
1	Bodyache	2432(47%)
2	Fever	498(10%)
3	Cough	178(3%)
4	Cold	248(5%)
5	Vomiting	150(3%)
6	Abdominal pain	161(3%)
7	Diarrhoea	482(9%)
8	Boils of foots	268(5%)
9	Weakness	119(2%)
10	Gidiness	602(12%)

*multiple problems possible

According to table 1, most common health problem in Pilgrim is Bodyache followed by Boils on foot, abdominal pain, weakness, Diarrhoea etc. These yatris were given symptomatic treatment in form pain killers, antibiotics, analgesic sprays etc.

DISCUSSION

There is a study by (4) Yattoo, et al about the pattern and outcome of illness in Yatris attending SKIMS during Amarnathji Yatra. This prospective study was carried during a 45-day Yatra period in which all the Yatris referred to SKIMS were studied. AMI was the main diagnosis at arrival (16.5%) followed by polytrauma (15.3%), head injury (11.8%), high altitude pulmonary edema (HAPE) (10.6%); gastroenteritis (10.6%), diabetes (10.6%), COPD (7.1%), stroke (5.9%), poison (g(3.5%), and others (8.2%). Of the 85 admitted patients, five patients expired with a mortality of 5.9%. Majority of the deaths were attributed to cardiovascular disease (AMI or stroke); 80% patients who died in the hospital were aged 65 years. The main conclusion of the study was that Yatris attending Amrnathji yatra face many health related challenges, and a pre-yatra checkup of all yatris should be made mandatory. Though this pilot study was of short duration and limited to patients availed service from camp, it gives a good reflection of pattern of illnesses during Ambaji yatra. It displays the demographic characteristics of the pilgrims and shows that elderly

Yatris have higher morbidity and mortality, particularly those aged 65 years or older. Two most common co-morbidities encountered at arrival to the hospital were coronary heart disease and diabetes.

Recommendations:

1. There should be a Yatra preventive health committee that oversees all public health and preventative matters during the Yatra by govt.
2. Physiotherapist services should be made available as majority of pilgrims have complain of bodyache.
3. More and more NGOs should be involved in medical services.
4. IEC activities should be intensified for health protection during pilgrimage.

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